



KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified
by me and is true to the best of my knowledge



[Handwritten Signature]
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE





KMCT
AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

5.1.1 Bonafide student certificates



Arshana
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE



BONAFIDE STUDENT CERTIFICATE



This is to certify that **SAHLA SHAHNAS C**, Son/Daughter/Ward of **CHEMBAN ABOOBACKER**, Date of Birth **17/01/1997** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL201819010294062**

He / She is bearing Roll No. 180030258 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 5 Years** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.

(Seal of the Institute)



(Signature of Head of the Institute)
Contact No: 04952294664

[Handwritten Signature]
PRINCIPAL



[Handwritten Signature]
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **SHAFNA A B** , Son/Daughter/Ward of **BASHEER A U**,
Date of Birth **06/07/2001** is a bonafide student of **KMCT AYURVEDA
MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College
Manassery PO Kozhikode Kerala KOZHIKODE, KERALA**. He/she has
registered on NSP and his/her Application ID is **KL202223007420431**

He / She is bearing Roll No. 40 and is studying in
**BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5
YEARS - 1 Year** (Class/Programme / Course) in the current Academic Year
202223.

As per records, his/her domicile state is **KERALA**.



[Handwritten Signature]
(Signature of Head of the Institute)
Contact No: *[Faint illegible text]*



[Handwritten Signature]
PRINCIPAL
KMCT AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE




This is to certify that **SHAHANA SHERIN T**, Son/Daughter/Ward of **ABDUL RAZAK T**, Date of Birth **07/02/2002** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHICODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL202223007683338**


He / She is bearing Roll No. 982 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 1 Year** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.




(Signature of Head of the Institute)
Contact No:
K.M.C.T. AYURVEDA MEDICAL COLLEGE




PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **AHILA NOUSHAD**, Son/Daughter/Ward of **NOUSHAD V**, Date of Birth **29/05/2001** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL202223007909284**

He / She is bearing Roll No. 892 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 3 Years** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.

(Seal of the Institute)



(Signature of Head of the Institute)
Contact No:



PRINCIPAL
KMCT AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **JIJI L S**, Son/Daughter/Ward of **LAWRENCE P**, Date of Birth **10/11/2001** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL202223007118346**

He / She is bearing Roll No. 23 and is studying in **BACHELOR OF AYURVED MEDICINE (AYURVEDA) - 1 Year** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.



Dr. Jiji
(Signature of Head of the Institute)
Contact No. 952294664
KMCT AYURVEDA MEDICAL COLLEGE



Dr. Jiji
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **EEZA S ARAMANGALAM** , Son/Daughter/Ward of **SALIM A M**, Date of Birth **16/11/2000** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL202223007754558**

He / She is bearing Roll No. 941 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 1 Year** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.



(Signature of Head of the Institute)
Contact No: 952294664

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PRINCIPAL
KMCT AYURVEDA MEDICAL COLLEGE



Handwritten signature
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **IRFANA NAZARIN K A** , Son/Daughter/Ward of **ABDU K K**, Date of Birth **13/10/2001** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHICODE, KERALA**. He/she has registered on NSP and his/her Application ID is **KL202223007419577**

He / She is bearing Roll No. 21 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 1 Year** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA**.



(Signature of Head of the Institute)
Contact No: PRINCIPAL
TAYURVEDA



(Signature of Principal)
PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE




This is to certify that **IRFANA FATHIMA** , Son/Daughter/Ward of **MOHAMMED RIYAS**, Date of Birth **05/03/2001** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA.** He/she has registered on NSP and his/her Application ID is **KL202223006701459**

He / She is bearing Roll No. 20 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 1 Year** (Class/Programme / Course) in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA.**




PRINCIPAL
KMCT AYURVEDA MEDICAL
COLLEGE
(Signature of Head of the Institute)
Contact No: 0495-2294664




PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

BONAFIDE STUDENT CERTIFICATE



This is to certify that **FATHIMA SHANA K**, Son/Daughter/Ward of **SADIQ ALI K**, Date of Birth **22/12/1998** is a bonafide student of **KMCT AYURVEDA MEDICAL COLLEGE (C-8276) KMCT Ayurveda Medical College Manassery PO Kozhikode Kerala KOZHIKODE, KERALA.** He/she has registered on NSP and his/her Application ID is **KL201920002002198**

He / She is bearing Roll No. 180030242 and is studying in **BACHELOR OF AYURVED MEDICINE & SURGERY (AYURVEDA)-5 YEARS - 5 Years (Class/Programme / Course)** in the current Academic Year 202223.

As per records, his/her domicile state is **KERALA.**



(Seal of the Institute)

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(Signature of Head of the Institute)
Contact No:

PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE



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PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE